

Exhibit C

Locality: 153
 Precinct: ALL
 District: ALL

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ELECTIONS
Cancellation - Declared Non-Citizen
153 - PRINCE WILLIAM COUNTY

Start Date: 01/01/2011
 End Date: 08/16/2016

August 2015

PCT	Name Address		Registration ID	Cancel Date	Cancel Type
0201		REDACTED	REDACTED	8/12/2015	Declared Non-Citizen
0303		REDACTED	REDACTED	8/12/2015	Declared Non-Citizen
0402		REDACTED	REDACTED	8/12/2015	Declared Non-Citizen
0409		REDACTED	REDACTED	8/12/2015	Declared Non-Citizen
0504	FREEMAN, LUCIANA C.	REDACTED	REDACTED	8/12/2015	Declared Non-Citizen
0512		REDACTED	REDACTED	8/12/2015	Declared Non-Citizen
0601		REDACTED	REDACTED	8/12/2015	Declared Non-Citizen
0608		REDACTED	REDACTED	8/12/2015	Declared Non-Citizen

September 2015

PCT	Name Address		Registration ID	Cancel Date	Cancel Type
0110		REDACTED	REDACTED	9/22/2015	Declared Non-Citizen
0111		REDACTED	REDACTED	9/22/2015	Declared Non-Citizen
0207		REDACTED	REDACTED	9/21/2015	Declared Non-Citizen
0703		REDACTED	REDACTED	9/22/2015	Declared Non-Citizen

October 2015

PCT	Name Address		Registration ID	Cancel Date	Cancel Type
0201		REDACTED	REDACTED	10/29/2015	Declared Non-Citizen
0302		REDACTED	REDACTED	10/14/2015	Declared Non-Citizen

1	* Are you a citizen of the United States of America? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	* Will you be at least 18 years of age on or before the next General Election day? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	If you checked "NO" in response to either of these questions, do not complete this form.
2	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female *Gender	REDACTED	
		* Date of Birth	Daytime Telephone Number
	Freeman	Luciania	Clurice
	* Last Name	* First Name	* Full Middle or Maiden Name * Suffix (Jr., Sr., III, Et al)
3	REDACTED		Zip Code REDACTED
	* Residence (Permanent) Home Address		Apt/Unit/Lot/Rm/Ste City/Town
			E-mail address REDACTED
	If Rural Address or Homeless, please describe where you reside		
	Mailing Address (If different)/ Virginia P.O.Box or Uniformed Service Address, if applicable (include Zip Code)		
4	* Have you ever been convicted of a felony? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		State where convicted _____
	If YES, have your voting rights been restored? <input type="checkbox"/> YES <input type="checkbox"/> NO		If YES, when restored? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5	* Have you ever been judged mentally incapacitated? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
	If YES, has court restored you to capacity? <input type="checkbox"/> YES <input type="checkbox"/> NO		If YES, when restored? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6	Registration Statement: I swear/affirm, under felony penalty for making wilfully false material statements or entries, that the information provided on this form is true. I authorize the cancellation (entered in Box 7 below) of my current registration and I have read the Privacy Act Notice on the front of this form.		
	→ *Signature (or mark if unable to sign) <i>Luciania Freeman</i> 09/19/2001 Sep 26 2008		
If applicant is unable to sign due to a physical disability, write the name/address of person who assisted. (Required). <input type="checkbox"/> Check/Describe if you have a disability that requires accommodation in order to sign _____			
<input type="checkbox"/> I'm interested in being an Election Official on Election Day. Please send me information.		You may request that your home address not be released if you (a) are active or retired law enforcement, or (b) have been granted a protective court order, or (c) are in danger of your personal safety from someone who has threatened or stalked you and have filed a complaint against that person with a magistrate or law enforcement (must attach copy of complaint). You must show a Virginia P.O. box under mailing address in Box 3 above. <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Protective Order <input type="checkbox"/> Threatened/Stalked	

APPROVED DELIVERED FOR CITIZEN AUG 12 2015